



# KANSAS

## DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR

Gary R. Mitchell, Secretary

June 1, 1998

Mr. Ron Robertson  
Laidlaw Environmental Services  
2549 North New York  
Wichita, Kansas 67219

Re: Hazardous Waste Compliance Inspection  
EPA-Identification Number: KSD 007 246 846

Dear Mr. Robertson:

I have received a letter dated May 29, 1998 from you which provides documentation that you have taken action to correct deficiencies found during a March 10, 1998 hazardous waste compliance inspection. I now show that you have corrected the cracks in the secondary containment structure and have addressed the storage of ignitable wastes in permitted areas. I have noted that the updates to your Subpart BB program should be completed by June 30, 1998. When complete, please send me notice so I can update your file.

Last week I talked to David Cox and he told me that you have not submitted updated site plans to our permitting section as you noted in your May 7, 1998 response letter. Please submit your site plans as soon as possible to David Cox so your permit can be up to date.

Your cooperation with the hazardous waste management program is appreciated. If you have any question, please call me.

Sincerely,

Michael R. McCord, CHMM  
Waste Management Programs  
Bureau of Environmental Field Services

c: John Mitchell, BWM  
Ron Smith, BWM  
NCD-file



R00121658  
RCRA RECORDS CENTER



May 29, 1998

Michael R. McCord, CHMM  
Waste Management Programs  
Bureau of Environmental Field Services  
North Central District Office  
2501-D Market Place  
Salina, Kansas 67401-7699

RECEIVED

JUN 01 1998

SALINA OFFICE  
KDHE

Re: Hazardous Waste Compliance Inspection  
EPA Identification Number KSD007246846

Dear Mr. McCord:

Thank you for your letter of May 7, 1998. Following are our responses to the issues which remain from your inspection of this facility on March 10, 1998.

- The secondary containment structure at the drum dock was completely resealed, including any cracks and gaps, on April 18.
- The facility has contracted with a consultant to perform an extensive review and revision of our Subpart BB program. This consultant will be available during the week of June 15, and we expect to complete the revision by June 30, 1998. We will notify you as soon as this work is complete.
- Drums which contain EPA hazardous wastes D001 and D003 will be identified when they are received into the facility and stored only in Container Management Units which are permitted for these materials.

Please call me if you have any further questions about these matters.

Sincerely,

Ronald K. Robertson, CHMM

cc: R. Dunn  
B. Ross



RECEIVED

JUN 02 1998

Hazardous Waste Compliance  
Monitoring and Enforcement LogFORM  
A

Handler

ID Number	K S 1007246846	LDF ( )	TSF (X)	GEN (X)	KG ( )	SQ ( )	TRA ( )
		HWM (X)	HWB ( )	UOM ( )	UOB ( )	NOT A GEN ( )	
Handler Name:	Laidlaw Env. Services	AT ( )	CL ( )	FILE ( )	RCRIS ( )		

Street: 2549 N. New York City: Wichita County: SG

EVALUATION	New <input type="checkbox"/>	Followup: Date (on site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date (of letter)	M M D D Y Y	06 01 98	Delete <input type="checkbox"/>		
Date	Y Y M M D D	Agency	S	Type	CSE	Reason	01	Person	MRM	District	NC

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
GER	NA	GPT		DCH		DGW		DMC		DPP		BRR	
GGR		GRR		DCL		DIN		DMR		DSI		CAS	
GLB		GSC		DCP		DLB		DOR		DTR		CSS	
GMR		GSQ	NA	DFR		DLF		DOT		DTT		FEA	
GOR	NA			DGS		DLT		DPB		DWP		ILD	

Used Oil	UOM	UOB	UTM	SUM	SUB
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COMMENTS

VIOlation #	1	Date Determined	M M D D Y Y	03 11 98							
New	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Delete	<input type="checkbox"/>	Comments					
Agency	S	Number	1007246846	Area	GPT	Class	1	Priority		Type	SR
Regulation Citation:	KAR 28-31-4(5)(1)										
Description:	Ignitable waste within 50' of property line										
Returned to Compliance		Sch'd	M M D D Y Y	05 30 98	Actual	M M D D Y Y	06 01 98				

VIOlation #	2	Date Determined	M M D D Y Y	03 11 98							
New	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Delete	<input type="checkbox"/>	Comments					
Agency	S	Number	1007246846	Area	DGS	Class	1	Priority		Type	PC
Regulation Citation:	P.C. III-J-1.										
Description:	Storing Ignitable waste in unpermitted units										
Returned to Compliance		Sch'd	M M D D Y Y	05 30 98	Actual	M M D D Y Y	06 01 98				

VIOlation #	3	Date Determined	M M D D Y Y	03 11 98							
New	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Delete	<input type="checkbox"/>	Comments					
Agency	S	Number	1007246846	Area	DGS	Class	2	Priority		Type	SR
Regulation Citation:	KAR 28-31-8										
Description:	Cracks in 2 <sup>o</sup> containment										
Returned to Compliance		Sch'd	M M D D Y Y	05 30 98	Actual	M M D D Y Y	06 01 98				

VIOlation #	4	Date Determined	M M D D Y Y	03 11 98							
New	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Delete	<input type="checkbox"/>	Comments					
Agency	S	Number	1007246846	Area	DGS	Class	2	Priority		Type	DC
Regulation Citation:	P.C. V.G.2										
Description:	Subpart BB violation										
Returned to Compliance		Sch'd	M M D D Y Y	06 30 98	Actual	M M D D Y Y					

Laidlaw Environmental Services

# Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM  
B**

ID Number **K S**

Handler Name: \_\_\_\_\_

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

VIOLATION # _____		Date Determined		M	M	D	D	Y	Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>						
Agency	Number	Area	Class	Priority	Type				
<b>S</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Regulation Citation: _____									
Description: _____									
Returned to Compliance									
			M	M	D	D	Y	Y	
			Sch'd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**ENFORCEMENT**

New ☐

Change ☒

Delete ☒

Date **98** **06** **07**

Number

Agency **S**

Type **120**

District **NC**

Person **MRL**

**COVERED VIOLATIONS**

Agency	Violation Number	Area
<b>S</b>	<input type="text"/>	<b>DGS</b>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>

Agency	Violation Number	Area
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>
<b>S</b>	<input type="text"/>	<input type="text"/>

Comments: \_\_\_\_\_